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Heathsville, VA 22473
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Callao, VA 22435
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Wicomico Church, VA 22579
District III

Thomas H. Tomlin
Wicomico Church, VA 22579
District IV



Northumberland County, Virginia

Board of Supervisors
P. O. Box 129 • 72 Monument Place
Heathsville, Virginia 22473

*Proposals
from
RFP*

COUNTY ADMINISTRATOR

Kenneth D. Eades
Heathsville, VA 22473
804-580-7666 (Voice)
804-580-7053 (Fax)
keades@co.northumberland.va.us

COUNTY ATTORNEY

W. Leslie Kilduff, Jr.
804-435-0851 (Voice)
804-435-0551 (Fax)

December 19, 2013

Christine L. Lopilato
Director of Finance
Virginia Fire Programs Board
Department of Fire Programs
Burn Building Grant Administrator
1005 Technology Park Drive
Glen Allen, Virginia 23059-4500

Department of Fire Programs

Administration

Dear Ms. Lopilato:

On behalf of the Northern Neck Counties of Lancaster, Northumberland, Richmond and Westmoreland, I am pleased to submit this Burn Building Grant Application to the Virginia Fire Programs Board. This request for \$100,200 would complete renovations of the burn building at 2298 Brown Store Road, Heathsville, in Northumberland County.

The four Northern Neck counties own, maintain, and operate the burn building training facility. Please let us know what else you may need to consider our application. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth Eades".

Kenneth Eades
County Administrator

Cc: Frank Pleva, Lancaster County Administrator
Morgan Quicke, Richmond County Administrator
Norm Risavi, Westmoreland County Administrator
Jerry W. Davis, Executive Director, NNPDC



Commonwealth of Virginia
Department of Fire Programs

ATTACHMENT A
Burn Building Grant Application
Construction, Renovation, or Repair

A. Applicant Information											
1. Title of Jurisdiction Making Application (Check <input checked="" type="checkbox"/> only one, then make entry)	<input checked="" type="checkbox"/> County of <u>Northumberland</u> <input type="checkbox"/> City of _____ <input type="checkbox"/> Incorporated Town of _____										
2. Employer Identification Number (EIN)	<table border="1"><tr><td>5</td><td>4</td><td>---</td><td>6</td><td>0</td><td>0</td><td>1</td><td>4</td><td>7</td><td>4</td></tr></table>	5	4	---	6	0	0	1	4	7	4
5	4	---	6	0	0	1	4	7	4		
3. Principal Point of Contact	(Include salutation, name & title.) <u>Mr. Kenneth D. Eades, County Administrator</u>										
4. Mailing Address (Include zip code+4) Identify COUNTY if appropriate →	<u>P.O. Box 129</u> <u>Heathsville VA 22473</u> <u>Northumberland County</u>										
5. Telephone Number	(804) <u>580-7666</u>										
6. FAX Number	(804) <u>580-7053</u>										
7. Internet e-mail address	<u>keades@co.northumberland.va.us</u>										
8. Application Scope (Check <input checked="" type="checkbox"/> only one)	<input type="checkbox"/> Sole Jurisdiction as identified in [A] <input checked="" type="checkbox"/> Multiple Jurisdictions - Complete [F]										

B. Facility Information (Burn Building)	The term "burn building" refers to an unoccupied structure. The purpose of the Burn Building is to provide live fire training to fire service personnel in support of Fire Fighter I and Fire Fighter II Training throughout the Commonwealth of Virginia.
1. Current / Proposed Owner of Facility	(Party holding /to hold title to the property) <u>Northumberland County, Virginia</u>
2. In-Service Date or Age of Structure	(Leave blank if NOT an existing structure as reported in [C1] below.) Date <u>October 2008</u> <input type="checkbox"/> Unknown If unknown, enter approximate age in years <u>5.5 years</u>
3. Address of Structure (If appropriate, identify COUNTY where located.)	<u>2298 Brown Store Road</u> <u>Heathsville VA 22473</u> <u>Northumberland County, Virginia</u>
4. Will the renovation or repair bring the the burn building into compliance with the current standard of NFPA 1403, including appropriate NFPA 1403 signage? If no, explain in 6. Comments.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. Will the construction of the burn building be in compliance with the current edition of Sections I through IV of the Summary of Burn Building Prop Grant Program as included in the VDFFP Project Manual for Burn Building Props and the current standard of NFPA 1403? If no, explain in 6. Comments.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. Comments (pertaining to Facility)	<input checked="" type="checkbox"/> None

C. Facility Usage																																							
1. Number of annual burns (must be documented) (for New construction, this figure is projected)	VDFP FFI burns <input type="text" value="3"/> (in compliance with NFPA 1403 standards) VDFP FFII burns <input type="text" value="2"/> (in compliance with NFPA 1403 standards) Other Burns <input type="text" value="10"/> (specify types of burns)																																						
2. Travel to another facility	Distance traveled to closest alternate facility <input type="text" value="40"/> (in miles) Time traveled to closest alternate facility <input type="text" value="1"/> (rounded to whole hours)																																						
3. Other localities served (list number of stations and number of firefighters served for each locality) (for New construction, this figure is projected) (if more than 5 localities are served, additional localities must be included on Additional Localities Served tab)	<table border="0"> <tr> <td>Name of Locality</td> <td><input type="text" value="Lancaster County"/></td> </tr> <tr> <td>Number of stations</td> <td><input type="text" value="5"/></td> </tr> <tr> <td>Number of Firefighters</td> <td><input type="text" value="150"/></td> </tr> <tr> <td>Name of Locality</td> <td><input type="text" value="Northumberland County"/></td> </tr> <tr> <td>Number of stations</td> <td><input type="text" value="3"/></td> </tr> <tr> <td>Number of Firefighters</td> <td><input type="text" value="92"/></td> </tr> <tr> <td>Name of Locality</td> <td><input type="text" value="Richmond County"/></td> </tr> <tr> <td>Number of stations</td> <td><input type="text" value="3"/></td> </tr> <tr> <td>Number of Firefighters</td> <td><input type="text" value="133"/></td> </tr> <tr> <td>Name of Locality</td> <td><input type="text" value="Westmoreland County"/></td> </tr> <tr> <td>Number of stations</td> <td><input type="text" value="6"/></td> </tr> <tr> <td>Number of Firefighters</td> <td><input type="text" value="120"/></td> </tr> <tr> <td>Name of Locality</td> <td><input type="text"/></td> </tr> <tr> <td>Number of stations</td> <td><input type="text"/></td> </tr> <tr> <td>Number of Firefighters</td> <td><input type="text"/></td> </tr> <tr> <td colspan="2">TOTAL NUMBER OF STATIONS SERVED (from above and add')</td> </tr> <tr> <td colspan="2"><input type="text" value="17"/></td> </tr> <tr> <td colspan="2">TOTAL NUMBER OF FIREFIGHTERS SERVED (from above and add')</td> </tr> <tr> <td colspan="2"><input type="text" value="495"/></td> </tr> </table>	Name of Locality	<input type="text" value="Lancaster County"/>	Number of stations	<input type="text" value="5"/>	Number of Firefighters	<input type="text" value="150"/>	Name of Locality	<input type="text" value="Northumberland County"/>	Number of stations	<input type="text" value="3"/>	Number of Firefighters	<input type="text" value="92"/>	Name of Locality	<input type="text" value="Richmond County"/>	Number of stations	<input type="text" value="3"/>	Number of Firefighters	<input type="text" value="133"/>	Name of Locality	<input type="text" value="Westmoreland County"/>	Number of stations	<input type="text" value="6"/>	Number of Firefighters	<input type="text" value="120"/>	Name of Locality	<input type="text"/>	Number of stations	<input type="text"/>	Number of Firefighters	<input type="text"/>	TOTAL NUMBER OF STATIONS SERVED (from above and add')		<input type="text" value="17"/>		TOTAL NUMBER OF FIREFIGHTERS SERVED (from above and add')		<input type="text" value="495"/>	
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<input type="text" value="495"/>																																							
4. Maintenance of facility (for New construction, skip Section C.4. Section E.2. MUST be completed)	Annual Maintenance Inspections <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (documentation of annual inspections MUST be provided with application for inspections conducted after 12/2007) Previous Repair Projects <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (documentation MUST be provided with application for most recent repairs)																																						

D. Project Description	
1. Level of work proposed (Check <input checked="" type="checkbox"/> only one)	<input type="checkbox"/> NEW Construction where no such structure previously existed <input checked="" type="checkbox"/> RENOVATION of an existing burn building or substantially similar structure <input type="checkbox"/> REPAIR of an existing burn building (up to \$10,000)
2. Type of Building (proposed or existing)	<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Class A fuel <input type="checkbox"/> Class B fuel </div> <div> <input type="checkbox"/> Prototype I plans (brick, block, concrete) <input type="checkbox"/> Prototype II plans (steel frame) <input type="checkbox"/> Other* </div> </div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">3,200</div> Square Footage of Building (proposed or existing) <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; display: inline-block; padding: 2px;">4</div> Number of Burn Rooms on 1st floor </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; display: inline-block; padding: 2px;">1</div> Number of Burn Rooms on 2nd floor </div> <p>For New Construction: *If building plans deviate from Prototype I or II, applicant MUST define building concept and include proposed plans with application.</p> <p>For Renovations or Repairs: *If building plans deviate from Prototype I or II, applicant MUST include copy of existing building plans with proposed renovations/repairs.</p>
3. Architectural and/or Engineering (A/E) (Check <input checked="" type="checkbox"/> only one for each)	Has an A/E study already been completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable If so, is a copy attached to this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
4. Condemnation and/or fitness for use (Leave [C4] blank if this application is for totally new construction; otherwise Check <input checked="" type="checkbox"/> only one for each statement.)	Is this structure still in use for certification of FFI and FFII at the time of application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, is there currently a scheduled date to remove the structure from service? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter the month & year: _____ If not presently in service, has this structure been <u>condemned</u> by a building official or other such entity legally empowered to do so? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable If yes, is a copy of such order attached to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable

E. Financial Plan	An estimated project budget must be attached to this application. For renovation/repair projects, contractor estimates must be attached.		
1. Project Budget (Capital Expend)			
a. Expense			
i. Estimated Cost of Construction (Enter or check <input checked="" type="checkbox"/>)	\$ 100,200.00	<input type="checkbox"/>	Unknown at time of application
ii. Estimated A/E Costs (Enter or check <input checked="" type="checkbox"/>)	\$ 13,800.00	<input type="checkbox"/>	Unknown at time of application
iii. Estimated Total Costs (Enter or check <input checked="" type="checkbox"/>)	\$ 114,000.00	<input type="checkbox"/>	Unknown at time of application
b. Revenue			
i. Grant Funding Being Requested New construction maximum \$430,000	\$ 100,200.00		
ii. Matching / Cost Share Funds	\$ 13,800.00		
iii. Source of Matching Funds (local contributions, donations, etc.)	Contributions by the counties		
2. Operating Budget (Maint. Expend)			
a. Is there a financial agreement among partnering localities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
b. Is there a local budget for annual maintenance costs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Is there a local budget for annual inspection costs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Is there a local budget for 5-year inspection costs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

F. Additional Parties of Interest (Mark N/A and skip section [D] if not applicable - see [A.8])	Identify hereunder ALL jurisdictions (Not their Departments) otherwise participating in the proposed project. Attach additional sheets as may be required.
1. NON-Applicability	<input type="checkbox"/> No parties other than the jurisdiction identified in [A] above.
2. Formal Agreement Among Parties	Is there a formal agreement among parties with regard to the proposed project ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, is a copy attached to this application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is there a formal agreement among parties with regard to the shared use of the facility ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, is a copy attached to this application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

{ Reproduce and complete as many additional blocs as may be necessary for complete disclosure. }

2a. Complete one each for ALL other Parties of Interest	Number <input type="text" value="2"/> of a total of <input type="text" value="4"/> parties to proposed project (Count the LEAD Locality as #1, thereby start with #2.)
2b. Title of Jurisdiction (Check <input checked="" type="checkbox"/> only one, then make entry)	<input checked="" type="checkbox"/> County of <input type="text" value="Lancaster"/> <input type="checkbox"/> City of _____ <input type="checkbox"/> Incorporated Town of _____
2c. Employer Identification Number (EIN)	<input type="text" value="5"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="8"/> <input type="text" value="2"/>
2d. Principal Point of Contact	(Include salutation, name & title.) Frank Pleva, County Administrator
2e. Mailing Address Identify COUNTY if appropriate →	(Include zip code+4) 8311 Mary Ball Road Lancaster VA 22503 Lancaster County
2f. Telephone Number	(804) 462-5129
2g. FAX Number	(804) 462-0031
2h. Internet e-mail address	fpleva@lancova.com


(Reproduce and complete as many additional blocs as may be necessary for complete disclosure.)

2a. Complete <u>one each</u> for ALL other Parties of Interest	Number <u>3</u> of a total of <u>4</u> parties to proposed project (Count the LEAD Locality as #1, thereby start with #2.)
2b. Title of Jurisdiction (Check <input checked="" type="checkbox"/> only one, then make entry)	<input checked="" type="checkbox"/> County of <u>Richmond County</u> <input type="checkbox"/> City of _____ <input type="checkbox"/> Incorporated Town of _____
2c. Employer Identification Number (EIN)	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5 4 --- 6 0 0 1 5 6 7 </div>
2d. Principal Point of Contact	(Include salutation, name & title.) <u>Morgan Quicke, County Administrator</u>
2e. Mailing Address Identify COUNTY if appropriate →	(Include zip code+4) <u>P.O. Box 1000</u> <u>Warsaw VA 22572</u> <u>Richmond County</u>
2f. Telephone Number	(<u>804</u>) <u>333-3415</u>
2g. FAX Number	(<u>804</u>) <u>333-3408</u>
2h. Internet e-mail address	<u>mquicke@co.richmond.va.us</u>

(Reproduce and complete as many additional blocs as may be necessary for complete disclosure.)

2a. Complete <u>one each</u> for ALL other Parties of Interest	Number <u>4</u> of a total of <u>4</u> parties to proposed project (Count the LEAD Locality as #1, thereby start with #2.)
2b. Title of Jurisdiction (Check <input checked="" type="checkbox"/> only one, then make entry)	<input checked="" type="checkbox"/> County of <u>Westmoreland County</u> <input type="checkbox"/> City of _____ <input type="checkbox"/> Incorporated Town of _____
2c. Employer Identification Number (EIN)	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5 4 --- 6 0 0 1 6 7 8 </div>
2d. Principal Point of Contact	(Include salutation, name & title.) <u>Norm Risavi, County Administrator</u>
2e. Mailing Address Identify COUNTY if appropriate →	(Include zip code+4) <u>P.O. Box 1000</u> <u>Montross VA 22520</u> <u>Westmoreland County</u>
2f. Telephone Number	(<u>804</u>) <u>493-0130</u>
2g. FAX Number	(<u>804</u>) <u>493-0134</u>
2h. Internet e-mail address	<u>nrisavi@westmoreland-county.org</u>

**G. Electronic Transfer
of Funds Information**

Note  The completion of this section is optional at the time of application and will not hinder determination of eligibility, etc. However, if not provided and since funds will only be transferred electronically, disbursement will be delayed until this information is properly provided.

1. Account Ownership Information
Employer Identification Number

5	4	---	6	0	0	1	4	7	4
---	---	-----	---	---	---	---	---	---	---

SSN may **NOT** be substituted.

Complete next three (3) entries ONLY if Name is different than ACCOUNT TITLE as it appears in [E2].

(Last, First, Initials)

NAME Eades, Kenneth D.

(Telephone Number)

MAIN (804) 580-7666

(Telephone Number)

ALTERNATE (804) 580-7508

2. Direct Deposit Account Information
(Check ☒ one Type of Account)

☒ Checking

☐ Savings

(9 digits)

ROUTING TRANSIT NUMBER 051403711

ACCOUNT NUMBER 111128706

ACCOUNT TITLE Northumberland County

FINANCIAL INSTITUTION Eastern Virginia Bankshares, Inc.



Note: This section of the application **MUST** be properly executed for the application to be complete. Certification may be completed by:

- City Manager /or/ Deputy
- County Administrator /or/ Deputy
- Town Manager /or/ Mayor
- Or other duly authorized official but only when the application is accompanied by a copy of an 'Ordinance' or other formal instrument clearly granting that party such authority.

Only completed applications can be acted upon.

CERTIFICATION

This application is made on behalf of the jurisdiction above described [A] with the full knowledge and belief that all representations herein made are true and correct.

Signature

Date

Kenneth D. Eades

County Administrator

Printed Name

Title

(All applications must be notarized to be considered – incomplete forms shall be returned.)

State of Virginia }

City / County of NORTHUMBERLAND }

On this 19TH day of DECEMBER (month) in 2013 (year), before me, the undersigned a Notary Public for the Commonwealth of Virginia, personally appeared KENNETH D EADES to me known (or to me proved) to be the identical person named herein and having in my presence executed the above, and acknowledged that he executed same as his voluntary act and deed.

My Commission expires:

11/30/2016
Date

Philip H. Martin
Notary Public



ENGINEERING DESIGN ASSOCIATES

P. O. Box 50067
Richmond, Virginia 23250
(804) 236-0190
FAX (804) 236-0194

P. O. Box 515
Wicomico Church, Virginia 22579
(804) 580-2227
FAX (804) 580-3334

December 16, 2013

Mr. Jerry W Davis, AICP
Northern Neck Planning District Commission
P.O. Box 1600
Warsaw, Virginia 22572

RE: Repairs To Northumberland County Burn Building
Wicomico Church, Virginia
EDA # 13244

Dear Mr. Davis:

We are pleased to present to you the complete plans and specifications for the repairs to the above referenced building. We have included three sets of each for your use. If you require more, just let us know and we will send them to you. The specifications include some bid documents for you to study. Of course, they are blank at this time. Please look them over at your convenience and let us know of any changes you would like to make once these documents are ready for bidding.

We have also included a narrative based on, and in response to, the original engineer's assessment of the necessary repairs including our proposed actions.

Included, too, is our engineer's estimate of the final construction costs to complete this project.

If you have any questions, or if we may be of further service, please give us a call.

Very truly yours,



Thomas M White
Engineering Design Associates

ENGINEERING DESIGN ASSOCIATES

P. O. Box 50067
Richmond, Virginia 23250
(804) 236-0190
FAX (804) 236-0194

P. O. Box 515
Wicomico Church, Virginia 22579
(804) 580-2227
FAX (804) 580-3334

Northumberland County Burn Building

NARRATIVE

This narrative addresses each of the twelve items in the Summary of Deficiencies noted in the engineer's report dated August 7, 2013 and addressed to you.

ITEM 1 – Cracked and broken CMU and deteriorated mortar joints in the interior and exterior CMU Walls and lintels of the first and second floors.

Discussion: We found two loose blocks and numerous cracks in the mortar joints. The loose blocks are a hazard. The cracking in the mortar joints in the exterior walls is very similar to cracking we find in most masonry walls of this age. The cracking on the interior walls is more akin to "crazing" which has occurred due to the frequent fires to which these walls are exposed. We feel that such crazing should be expected on the interior walls and it is precisely for this reason that these walls are considered sacrificial. It would be an exercise in futility to try and chase each of these cracks only to have the same ones, and more, become evident after the first training session after repairs have been made.

Action: Remove, clean, and re-install the loose blocks. Chase and re-point the cracks in the mortar joints of the exterior walls. Seal the exterior walls with a water-seal product to protect against water infiltration from the weather. We also recommend sealing the expansion joints in the exterior walls to both make the building more weather tight and to help prevent smoke from escaping during training exercises.

ITEM 2 – Concrete apron is cracked in several locations.

Discussion: We agree that the apron is cracked.

Action: We do not recommend any action regarding this condition. A repair would consist of saw-cutting a portion of the slab at each location, removing that portion of the concrete, and replacing it with like concrete. After such a repair was made the slab would crack at the sawed joints again thereby, in effect, trading a crooked joint for a straight one. Also, any trucks are to be kept a minimum of fifteen feet from the building which keeps them off the slab. We did not note any trip hazard regarding said cracking.

ITEM3 – Cracks and spalls in roof, floor, and ceiling surfaces of the concrete roof and floor slabs and concrete beams

Discussion: We, too, noted numerous cracks in the roof and mezzanine floor slabs. However, we did not note any cracking in the concrete beams which caused concern. We found that the cracks in the two elevated slabs (roof and mezzanine) are the result of remedial work that occurred after the slabs were originally installed. We question the methods used to make these remedial repairs and feel that they are of questionable value. However, these slabs have apparently been functional and we see no reason to cause further intrusion into these structures.

Action: Chase and repair the slab cracks in the top surface with a gravity feed epoxy. After all cracks have been repaired, seal and coat the slabs with an epoxy coating to protect them from penetration by water. Such water infiltration would eventually corrode the reinforcing steel, and cause surface spalling through the freeze/thaw cycles of nature. A non-slip surface is to be applied to help insure the safety of those using the facility.

ITEM 4 – Efflorescence on the interior faces of the CMU load bearing walls indicating moisture passing through the walls.

Discussion: We noted the same.

Action: Clean the exterior walls and apply a water seal to help prevent water infusion from the elements. It must be noted, however, that the walls are being subjected to water from the interior during each training exercise.

ITEM 5 – Timber framing remaining in chop-out opening prop in sloped concrete roof slab.

Discussion: The wood framing is in place, but it seems to us that that is the intent so that training may be administered for such a condition. We feel it is desirable that the area be made somewhat water tight to prevent encroachment by the elements.

Action: Install a removable cover over the opening. This protects the opening from the weather and helps to keep the wood from rotting.

ITEM 6 – TMS ceiling sensor for the second floor burn room is not located in burn room 201, but at rear end of hallway 203 instead.

Discussion: We found the same.

Action: Install a new sensor in the location indicated. Remove the blank cover and wire to control board.

ITEM 7 – Missing fire clay plugs over the anchor bolts of the thermal lining tiles on ceilings and surrounding beams and columns in burn rooms.

Discussion: We did not find this condition, but learned that the clay plugs had been repaired by the VFD.

Action: None required.

ITEM 8 – Missing or incorrect signage.

Discussion: Correct

Action: Provide new signs on each exterior wall.

ITEM 9 – Absence of slip angle or guardrail at perimeter of sloped concrete roof slab.

Discussion: We agree. However, we also feel that any guard must meet OSHA standards.

Action: Install a galvanized steel guard rail around the perimeter of the roof slab with a gate on the lower side for access by fire personnel.

ITEM 10 – Loose handrail attachment at bottom of interior stairwell at left elevation wall.

Discussion: Agreed.

Action: Repair anchorage of bracket or replace anchor.

ITEM 11 – Trip hazard at transition from second floor/lower concrete roof slab to exterior metal stairwell finish grade.

Discussion: We agree. There is a one inch difference in elevation between the edge of the slab and the stair landing.

Action: Form and place an epoxy based cementitious topping at the area in question and make level with the landing.

ITEM 12 – Combustible furnishing props and appliances stored within the burn building prop.

Discussion: Some items were observed.

Action: Remove all unnecessary items and store elsewhere.

REPAIRS TO NORTHUMBERLAND BURN BUILDING

BUDGET ESTIMATE

General Conditions	\$25,000
Re-install Loose Blocks	\$500
Repair Cracked Mortar Joints	\$3,500
Repair/Seal Cracks In Mezzanine/Roof Slabs	\$22,700
Coat and Seal Mezzanine/Roof Slabs	\$12,800
Seal Exterior Expansion Joints	\$3,200
Handrail On Roof	\$13,900
Skylight Cover	\$2,600
Seal Exterior Masonry Walls	\$14,700
Re-attach Loose Handrail Bracket	\$300
Install Heat Sensor	\$1,000
Total Estimated Cost	\$100,200

ENGINEERING DESIGN ASSOCIATES

P. O. Box 50067
Richmond, Virginia 23250
(804) 236-0190
FAX (804) 236-0194

P. O. Box 515
Wilcomico Church, Virginia 22579
(804) 580-2227
FAX (804) 580-3334

January 7, 2014

Northern Neck Planning District Commission

Northumberland Burn Building Breakdown of General Conditions Costs

Project supervision, field.....	\$12,000
Project management, office.....	\$ 8,000
Travel expenses.....	\$ 800
Jobsite security.....	\$ 2,800
Quality control, testing.....	\$ 600
Temporary facilities, office.....	\$ 400
Temporary facilities, sanitary.....	\$ 300
Construction waste management, disposal.....	\$ 100
TOTAL.....	\$25,000